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# **Gulf Coast Joint VA/DoD Healthcare Network *“Center(s) of Excellence”***

Joint Venture Conference  
4-6 March 2008

BG Douglas J. Robb  
Commander  
81st Medical  
Group  
Keesler AFB

Mr. Charles Sepich  
Director  
VA Gulf Coast Veterans  
Healthcare System



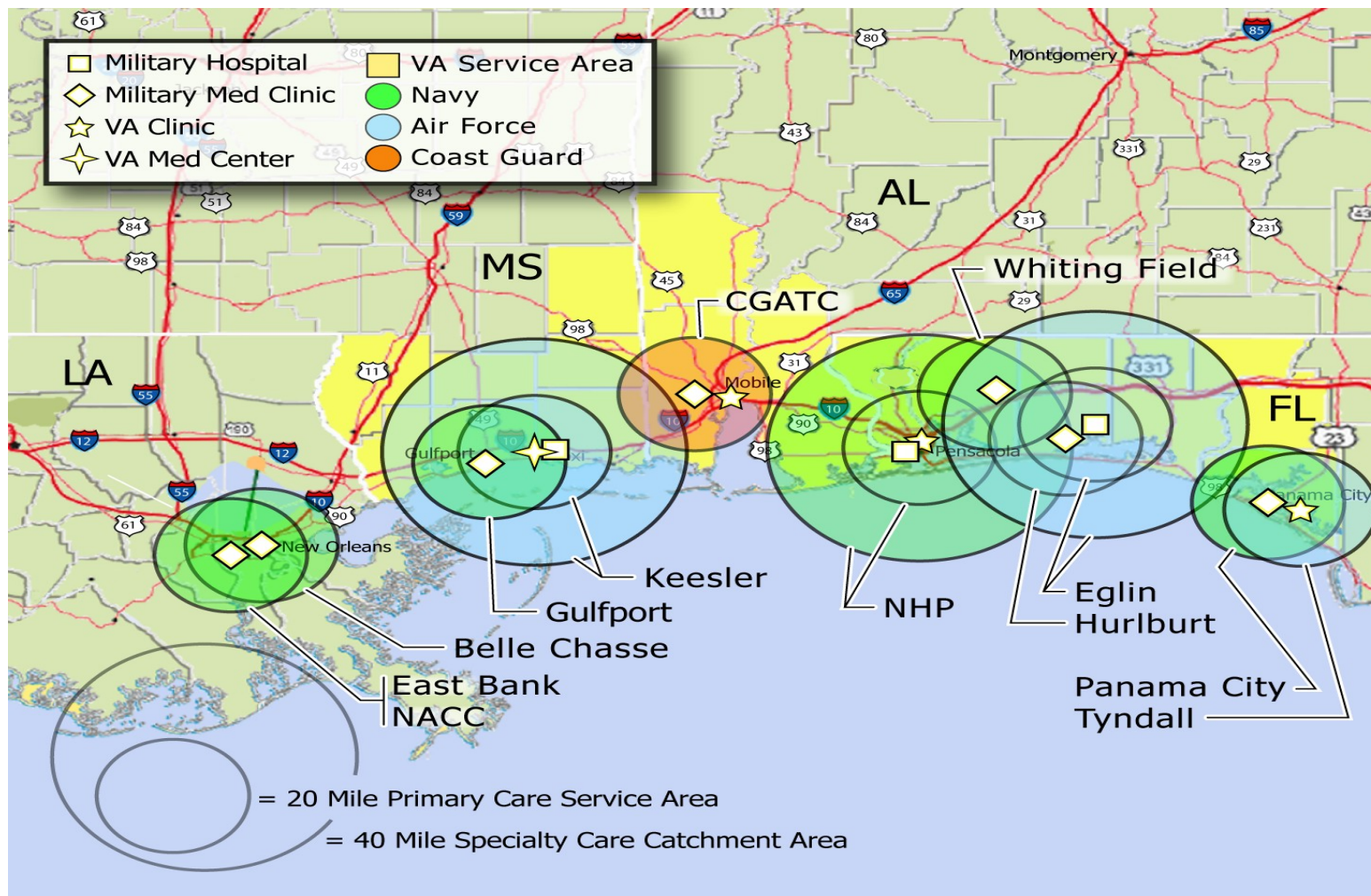
# Agenda



- 
- Centers of Excellence Approach to Sharing
  - Our Sharing Success
    - What Makes it Successful
    - Reimbursement Arrangements
    - Barriers to Overcome
  - Best Practices
  - Lessons Learned
  - Contact Information



# Our Approach to Sharing A VA/DoD Healthcare “Network”





# Our Sharing Arrangement Governance Model



- 
- Center(s) of Excellence structure different than other existing JV sites
  - Three “Co-Equal” partners:
    - VAGCVHCS/Keesler Medical Center/Naval Hospital Pensacola
  - Over-arching governance structure designed to promote sharing opportunities
  - Two “centers of gravity”: VAGCVHCS/KMC & VAGCVHCS/NHP
    - Independent management structures
    - Realignment of medical service product lines between the VAGCVHCS/KMC and VAGCVHCS/NHP





# JOINT AMBULATORY CARE CENTER (J ACC)



## Projected VA/Navy Shared Space/Services

### CURRENT

- Urology, Ortho Surg, ER, Inpatient, Radiology, Pharmacy, Lab

### PROJECTED

- Primary Care
- Joint Dental: Oral Surgery/Dental X-ray
- Joint VA/Navy Physical Medicine/Rehab



### FUTURE

- Expanding J ACC/Naval Hospital
- Sharing J ACC Recurring Costs
- Lab/X-ray/Dental/PM&R
- Inpatient, Surgery, ER, Specialty Care
- Ambulatory Surgery, Pain Clinic



# PANAMA CITY CBOC

## VA/Navy Shared Space/Services



### **CURRENT**

- Laboratory
- LDSI
- Radiology

### **PROJECTED**

- Audiology
- Dental
- Diet/Nutrition/Counseling
- Mental Health
- Pharmacy



# EGLIN CBOC

## Projected VA/Air Force Shared Space/Service



### **PROJECTED**

- Emergency
- Radiology
- Specialty Care
- Dental





# VA Gulf Coast Veterans Healthcare System/Keesler Medical Center



## Current Sharing Initiatives

- Inpatient Services:
  - Med/Surg, OB/GYN, ICU
- Outpatient Specialty Care:
  - Women's Health, Plastic Surgery, Neurology, Orthopedics, Dermatology/Mohs Surg
- Residency Training
- Ancillary Services
- Mammo Screen/Diagnostic W/U



- OB/GYN Ultrasound & CT
- Quality Management
- Audiology
- Dental Services
- Medical Records
- Tumor Board Conference
- Education and Training
- Sleep Studies Center of Excellence





# VAGCVHCS/KMC

## Ongoing Actions



- 
- Continue to work identified collaborative opportunities:
    - Clinical/Administrative Opportunities AF/VA Brainstorming Session —Part I and II
    - VAGCVHCS/KMC Collaborative Standard Operating Procedures Workgroup
    - BHIE - CHDR – Bi-Directional Health Information Exchange/ Clinical Health Data Repository
    - Reciprocal Network Access: Overcoming Barriers
  - VAGCVHCS/KMC 2008 Start-Ups
    - Genetics Lab: est. Spring 08
    - Ophthalmology (cataract surgery): est. Spring 08
    - Radiation Oncology Center of Excellence: est. Aug-Sep 08 start-up



# VAGCVHCS/KMC

## Proposals Under Review



- 
- Credentialing Process
  - Infectious Disease: track data/share studies
  - Staff Education & Training
  - Peri-Operative Training
  - Pathology
  - Dental Implants: KMC residency program
  - Specialty Chemistry: using same reference lab
  - Breast Imaging Center
  - Radiology: radiologist support for Biloxi VA
  - Nuclear Cardiology: train KMC nuclear medicine
  - Dental Pathology
  - Group Patient Education Classes
  - Occupational Therapy
  - VA Psychiatry Capability
  - Cancer Center of Excellence VA campus
  - Clinical Dietician Support
  - GI: staff sharing
  - Implants: reimbursement collaboration
  - VA Admin Support at KMC: liaison(s)
  - Podiatry



# What is Successful

## What is our sharing arrangement?

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- Centers of Excellence model
  - Two “centers of gravity”
  - Freedom to deviate from a “one shop fits all” approach (VA, USAF, USN)
- Over-arching governance structure
  - Leaves independent management structures
  - Realignment of medical service product lines between the VAGCVHCS and KMC
  - Allows each partner to exploit the best services each offers to benefit the entire beneficiary population
  - Service area with greater expertise/capacity takes the lead role
  - Combined synergies allows for greater capacity, thus reducing network leakage



# What is Successful

## What are the reimbursement arrangements ?



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- Reimbursement is based on VA/DoD Resource Sharing Agreement 2000- FRS-0170E
  - Outpatient and ancillary procedure billing is established through at the CHAMPUS Maximum Allowable Charge (CMAC) less 10%
  - Inpatient billing is based on VA/DoD Sharing guidelines dated August 2006, which is DRG weight less 10%





# Overcoming Barriers

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- Base Access
  - Interim solution worked, but not optimal
  - Veteran instructed on base access prior to appointment
- Credentialing
  - Each side still working the process; can be lengthy/costly
- Referral practice patterns
  - Tackled on a service by service basis to ensure routine referrals not issued for tri-state travel
  - Systems cannot communicate—a symptom of...
- System platform interoperability
  - BHIE/CHDR implementation milestones take time
  - Training staff on each system
- All of this are systemic issues that need to be addressed at the Service/DoD/VA level



# Our Best Practices



- 
- Taking JV relationship to a regional level
    - Going beyond a direct, two-party relationship (VA, USAF, USN, USA, USCG)
  - Overarching MOU
    - Operational Plans vs individual MOUs
      - BUMED policy impact
    - Allows for easy local review/changes
  - VA/DoD Joint Strategic Planning Summit
    - Held at least annually between all functional experts and senior leadership



# Lessons Learned

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- Governance structure driven by the local environment
- Joint Market Opportunities Work Group
  - Need to establish centralized “best practice” clearing house that all JVs can go to
  - Medium for identifying trends in systemic issues across the board that can be driven to Services/HA/VA HQ level for resolution
- Communication
  - Greater communication at all levels needed
- Establish Workgroup Meetings
  - Meet frequently, especially in the beginning



# Questions?

